

<b>PAYROLL ADJUSTMENT DOCUMENT</b> For use of this form, see AR 37-105; the proponent agency is ASA (FM&C).						1. PAYROLL CONTROL NUMBER				2. PAY PERIOD ENDING DATE						
3. NAME (Last, First, Middle)						4. EFFECTIVE DATE				5. DATE OF BIRTH			6. SOCIAL SECURITY NO.			
7. TYPE OF ACTION <input type="checkbox"/> DEATH <input type="checkbox"/> SALARY OVERPAYMENT <input type="checkbox"/> LEAVE BUY BACK <input type="checkbox"/> MENTALLY INCOMPENTENT										8. PAY PLAN - GRADE - STEP			9. SALARY			
10. ORGANIZATION AND LOCATION																
<b>PAYROLL CHANGE DATA</b>																
	BASE PAY	OVER- TIME	LUMP SUM LEAVE	OTHER PAY	GROSS PAY	RETIRE- MENT	FICA	FEDERAL TAX	HEALTH BENEFITS	FEGLI	STATE TAX	OTHER DED	OTHER DED	BONDS	AMT DUE BENEFICIARY OR CLAIMANT	NET PAY
11. CURRENT PAY																
12. ADJUST- MENT																
13. PAY THIS PERIOD																
14. EXPLANATION																
15. PREPARED BY								16. AUDITED BY								